

# DAVE Tip Sheet

Section G, Self-Performance

March 2004

## Consistency Check Tips:

### MDS Items:

- G1bA – Transfers/Self-Performance
- G1aA – Bed Mobility/Self-Performance
- G1iA – Toilet Use/Self-Performance
- G1dA – Walk-in Room/Self-Performance
- G1aB – Bed Mobility/Support

### Common Reasons for Inconsistencies:

- Not Using 7-day look-back period
- Contradictions within the various disciplines documentation
- Lack of documentation

Reference Source: RAI Manual, Version 2.0  
December 2002, pages 3–76

## Assessment Guidelines

The scales in items **G1A** and **G1B** are used to record the resident's actual level of involvement in self-care and the type and amount of support actually received during the last 7 days.

Do not record your assessment of the resident's capability for involvement in self-care — i.e., what you believe the resident might do for himself or herself based on demonstrated skills or physical attributes. For nursing facilities, an assessment of potential capability is covered in Item **G8** (ADL Functional Rehabilitation Potential).

Do not record the type and level of assistance that the resident *should* be receiving according to the written plan of care. The type and level of assistance actually provided might be quite different from what is indicated in the plan. Record what is actually happening.

Engage direct-care staff, from all shifts, who have cared for the resident over the last 7 days, in discussions regarding the resident's ADL functional performance. Remind staff that the focus is on the last 7 days only. To clarify your own understanding and observations about each ADL activity (bed mobility, locomotion, transfer, etc.), ask probing questions, beginning with the general and proceeding to the more specific.

### The Data Assessment and Verification (DAVE) Project

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If the MDS Item Shows	Then Cross-Check this MDS Item
If B5e (Periods of lethargy) or B5f (Mental function varies over the course of the day) is present	Then <b>G8d</b> (Difference in ADL self-performance or ADL support, comparing mornings to evenings) and/or <b>J5a</b> (conditions/diseases make resident's cognitive, ADL mood or behavior patterns unstable — fluctuating, precarious, or deteriorating) should be reviewed.
If G7 (Task segmentation) is coded 1	Then <b>C6</b> (Ability to understand) should be coded <b>0, 1, or 2</b> and <b>should not be coded a 3</b> .
If G5a (Modes of locomotion — cane/walker/crutch) is checked	Then determine if <b>G6e</b> (Transfer aid) could be checked.
If G4b & cAB>0 (Functional limitation in arm & hand that interfered with daily function or placed resident at risk of injury)	Then <b>G1gA</b> (dressing) and <b>G1jA</b> (personal hygiene) should be reviewed to determine if resident requires assistance with these ADLs.
If G4b, c, d, e A is coded 1 or 2 (Functional limitation in ROM)	Then <b>P3a, b</b> (Nursing restorative — active/passive) should be reviewed to see if resident could benefit from a restorative nursing program. Also review <b>G3</b> for correct coding.
If G6a is checked (Bedfast all or most of the time)	Then <b>G1d, e, and f</b> (Walk in corridor; Locomotion on unit; and Locomotion off unit) may be coded as <b>8</b> (Did not occur)
If I1n is checked (Missing limb)	Then <b>G4a–f A/B</b> (Functional Limitation in ROM) <b>should not be coded 0</b> (No limitation/No loss).
If J1n is checked (Unsteady gait)	Then <b>G3a</b> (Test for Balance) is <b>possibly not 0</b> (Balance while standing is maintained without difficulty).

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